DECLARATION FOR PATENT APPLICATION SOLE OR JOINT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention titled:

INTEGRATED CIRCUITS WITH MULTIPLE LOW DIELECTRIC-CONSTANT INTER- METAL **DIELECTRICS**

the specification of which is attached hereto.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS.

I ACKNOWLEDGE THE DUTY TO DISCLOSE ALL INFORMATION KNOWN TO ME TO BE MATERIAL TO PATENTABILITY IN ACCORDANCE WITH TITLE 37, CODE OF FEDERAL REGULATIONS, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate

application on which priority is claimed:		ent or inventor's certificate n	aving a filing date	e before that (or the
Prior Foreign Application(s)				Priority C	laimed
(Number)	(Country)	(Day/Month/Year Fil	ed)	Yes	No
I hereby claim the benefit under 35 l	U.S.C. 119(3) of any United Sta	ites provisional applicatio	n(s) listed below	v:	
(Number)		(Day/Month/Year Fil-	ed)	Yes	No
I hereby claim the benefit under Title 35 SUBJECT MATTER OF EACH OF TH APPLICATION IN THE MANNER PRACKNOWLEDGE THE DUTY TO DIS REGULATIONS, §1.56(a) WHICH OC OR PCT INTERNATIONAL FILING D	E CLAIMS OF THIS APPLICATI OVIDED BY THE FIRST PARAC SCLOSE MATERIAL INFOMATI CURRED BETWEEN THE FILIN	ON IS NOT DISCLOSED I GRAPH OF TITLE 35, UNIT ON AS DEFINED IN TITL	N THE PRIOR U FED STATES CO E 37, CODE OF I	NITED STA DDE, §112, I FEDERAL	ΓES
(Application Serial Number)	(Filing Date	(STA	TUS: Patented, Per	nding, Abandor	ned)
(Application Serial Number)	(Filing Date	(STA	(STATUS: Patented, Pending, Abandoned)		
POWER OF ATTORNEY: As a nam transact all business in the Patent and Tr				ute this applic	ation and
(LIST SENIOR PATENT COUNSEL A	ND ATTORNEY HANDLING CA	ASE WITH PATENT OFFIC	CE REGISTRATIO	ON NUMBE	RS.)
Leslie Weise	Roger H. Criss	R	Richard S. Roberts		
Name	Name	e	Name		
36,305	25,570	2	27,941		
Registration Number	Registration		Registration Number		
SEND CORRESPONDENCE TO:	Leslie Weise				
	AlliedSignal Inc.				
DIRECT TELEPHONE CALLS TO:					

DECLARATION FOR PATENT APP CCATION—SOLE OR JOINT (Continued)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR SHI-QING WANG	
INVENTOR'S SIGNATURE	Date 7/27/99
RESIDENCE 495 VIRGINIA AVE.; CAMPBELL, CALIFORN	IA 95008
CITIZENSHIP UNITED STATES OF AMERICA	
POST OFFICE ADDRESS 495 VIRGINIA AVE.	0/
CAMPBELL, CALIFORNIA 95008	
FULL NAME OF SECOND JOINT INVENTOR HENRY CHLING	() () () () () () () () () ()
INVENTOR'S SIGNATURE	Date Date
RESIDENCE 11762 TRINITY SPRING CT.; CUPERTINO, CA	CHPORNIA 95914
CITIZENSHIP UNITED STATES OF AMERICA	- MADE TO
POST OFFICE ADDRESS 11762 TRINITY SPRING CT.	
CUPERTINO, CALIFORNIA 95014	·
FULL NAME OF THIRD JOINT INVENTOR JAMES LIN	
INVENTOR'S SIGNATURE James James	Date 8 /19 /09'
RESIDENCE NO. 14, 2ND FLOOR, ALLEY 154 TONG YVEN	STREET: TAIPEL TAIWAN
CITIZENSHIP TAIWAN	January 1
POST OFFICE ADDRESS NO. 14, 2ND FLOOR, ALLEY 154 TO	NG VVEN STREET
TAIPEI, TAIWAN	THE TREE TO THE TOTAL TO
Trui Di, Trui Villi	
FULL NAME OF FOURTH JOINT INVENTOR	
INVENTOR'S SIGNATURE	Date
RESIDENCE	
CITIZENSHIP	
POST OFFICE ADDRESS	
FULL NAME OF FIFTH JOINT INVENTOR	
	Data
INVENTOR'S SIGNATURE	Date
RESIDENCE	
CITIZENSHIP	
POST OFFICE ADDRESS	